

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034558

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 382

Primary Registration District No. 4230

Registrar's No. 18

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)

Armstrong

Length of stay in 1b

12 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

603 W. Harvey St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Howard

admission)

c. CITY

Armstrong

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

603 W. Harvey St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

DAVID

Middle

O.

Last

GREEN

4. DATE
OF
DEATH

Month

Sept.

Day

7,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/11/1875

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (City and state or country)

Howard Co. Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Franklin Green

13b. MOTHER'S MAIDEN NAME

Bettie Elizabeth Morris

14. NAME OF HUSBAND OR WIFE

Viola Opal Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs David O. Green Armstrong, Mo

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fall from tree

INTERVAL BETWEEN

ONSET AND DEATH

none

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Heart attack in tree

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall from top of tree

20c. TIME OF
INJURYHour
4:45
p.m.Month, Day, Year
Sept. 7 '6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Yard of home

20f. CITY, TOWN, OR LOCATION

Armstrong

COUNTY

Howard

STATE

Mo.

21. I attended the deceased from

Death occurred at

Approx 4:45

P.m.

and last saw her alive on 9/7/62

22a. SIGNATURE

Wm. J. Shaw

(Degree or title)

M.D.

22b. ADDRESS

Fayette

Mo.

9/10/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/10/62

23c. NAME OF CEMETERY OR CREMATORY

Walnut Ridge Cemetery

23d. LOCATION (City, town, or county)

Fayette, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Fayette, Mo

25. DATE RECD. BY LOCAL REG.

Sept. 12, 1962

26. REGISTRAR'S SIGNATURE

Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.